

Revision: HCFA-PM-91-4 (BPD)  
August 1991

SUPPLEMENT 8b to ATTACHMENT 2.6-A  
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OMB No.: 0938-

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: CONNECTICUT

MORE LIBERAL METHODS OF TREATING RESOURCES  
UNDER SECTION 1902(r)(2) OF THE ACT

☒ Section 1902(f) State

☐ Non-Section 1902(f) State

Those more liberal methodologies listed below apply to the following coverage groups:

1902(a)(10)(A)(ii)(IV) - Persons receiving State Supplement payments and persons in long term care facilities;

1902(a)(10)(A)(ii)(V) - Persons in medical institutions eligible under special income limits;

1902(a)(10)(A)(ii)(VI) - Persons receiving home and community-based services;

1902(a)(10)(C)(i)(III) - Medically needy persons, including pregnant women, individuals under age 21, newborn children, caretaker relatives, aged, blind and disabled persons.

1902(a)(10)(A)(ii)(XI) - Persons who receive only a state supplement payment under an approved optional state supplement program.

1905(p) - Qualified Medicare Beneficiaries

1. An applicant or recipient may be eligible for Title XIX as of the first day of the month in which he or she properly reduces assets to within the Title XIX limit. Excess resources are considered properly reduced when the asset is disposed of, not just obligated,
2. An applicant or recipient is eligible for Title XIX for the entire month if he or she is eligible as of the first month but acquires assets in excess of the Title XIX limit during the month.
3. Household goods and personal effects are excluded.

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4.Assets, including both business and non-business types, which are essential to self-support are excluded if the business produces annual income greater than the annual expenses of the business.

5.Payments or allowances made under any federal, state or local laws for the purpose of energy assistance are excluded.

The following more liberal methodology applies to the following coverage groups:

1902(a)(10)(A)(ii)(IV) - Persons receiving State Supplement payments and persons in long term care facilities;

1902(a)(10)(A)(ii)(V) - Persons in medical institutions eligible under special income limits;

1902(a)(10)(A)(ii)(VI) - Persons receiving home and community-based services;

1902(a)(10)(C)(i)(III) - Medically needy aged, blind and disabled persons;

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1902(a)(10)(A)(ii)(XI) - Persons who receive only a state supplement payment under an approved optional state supplement program;

1905(p) - Qualified Medicare Beneficiaries

1. An asset disregard is given to an individual who has purchased a precertified long term care insurance policy that has paid for services covered under the policy.

As paid by precertified long term care insurance policies for home health services and for home and community-based services are used to calculate the amount of the asset disregard only if such services are provided in accordance with a plan of care approved by an Access Agency approved by the Office of Policy and Management and the Department of Social Services according to criteria established by the Department pursuant to the Connecticut General Statutes.

Services which the individual receives and are paid for by the precertified long-term insurance policy must not be delivered by a member of the individual's family. unless:

- ° the family member is a regular employee of an organization which is providing the services; and
- ° the organization receives the payment for the services; and
- ° the family member receives no compensation other than the normal compensation for employees in his or her job category.

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The amount of the disregard is equal to the lesser of the following amounts:

- ° the amount of payments made for such services by the insurance company;  
or
- ° the actual charge for the services.

Such disregard is in effect for the lifetime of the individual. The disregard is also allowed if a Medicaid application is filed on behalf of a disabled individual for the payment of costs for care and services received by the individual during his or her lifetime. Such care and services must have been provided to the individual in or after the third month before the month of application.

The assets disregarded under these provisions are not subject to recovery of medical payments made on behalf of the individual.

2. Non-home property is excluded for as long as the individual is making a bona fide effort to sell it, and:
- ° agrees in writing to sell the property; and
  - ° immediately lists the property for sale; and
  - ° does not refuse a fair market value offer.

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For qualified children eligible (using AFDC income and asset requirements)  
under 1902 (a) (10) (A) (i) (III):

Disregard all assets.

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to. None